

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/398126

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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TOTAL IND. 12
TOTAL DEP. 11
TOTAL CLAIMS 33

TOTAL IND. 10
TOTAL DEP. 10
TOTAL CLAIMS 20